DISSUEDE CARE, MINO HALL		r than Jun 30, 2008	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		M LAIRD SCHEER 365 JEFFERSON ST BLACKFOOT ID 83221 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed. ALL AMERICAN APPRAISAL CO INC M LAIRD SCHEER 365 JEFFERSON ST BLACKFOOT ID 83221						
PO BOX 83720 BOISE, ID 83720-0080							
NO FILING FEE IF RECEIVED BY DUE DATE	32.61.00.1						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Name	St	reet or PO Address	City	State	Country	Postal Code	
PRESIDENT MICHALE L	SCHEER 36	55 JEFFERSON ST	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	ID Signature: M Laird Scheer		Date: 04/23/2008				
C 167670 Name (type or pri		print): M Laird Scheer			Title: President		
Processed 04/23/2008	* Electronically provided signatures are accepted as original signatures.						